

## **APPLICATION FORM**

1. Personal Data		
Family Name:	First Name:	
•		Middle Name:
RASUL	QIYASOV	
D	Place of Birth (City and	G
Date of Birth:	Country):	Citizenship:
21.06.1997	AZERBAIJAN, KHACHMAZ	Azerbaijan
Permanent Address:		Phone (Home): +994557391319
Tomanone Tadioss.		Phone (Business/Mob)
AZERBAIJAN, KHACHMA	AZ, KHUDAT CITY	E-mail:

2. Maritime Educatio					
Name of school	Town	Country	From	То	Type of degree or diploma
Azerbaijan State "Kainat-M TM" LLC	Baku	AZERBAIJAN	2021	2021	Rating forming part of a navigational watch

3. Professional Test			
English Test Date	Name of Test	Score	
Professional Test Date	Name of Test	Score	
Professional Interview Date	Result		

4. Family D	etails			
Civil Status (Sing	ile)			
Next of Kin (the	first emergency contact)		Relationship	
Address of Reside	nce		Phone:	
Family Name				
First Name				
Date of Birth				
City of living				
Phone Numbers				

5. Identity Documents						
Document	Country	Number	Place of Issue	Issue Date	Expiry Date	
Seaman's Book	AZERIBAIJAN	DQK 018139	AZERBAIJAN	10.08.2021	10.08.2026	
Travel Passport						
Civil Passport	AZERIBAIJAN	AZE 13562165	AZERBAIJAN	30.11.2013	21.06.2022	

6. Valid Visa				

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
	Number	Issue	Expiry	

Rating forming part of a navigational watch	ID№ <b>RP10931</b> Certificate№ 0248/22	21.02.2022	Infinite	Azerbaijan
Proficiency in survival craft and boats otherthan fast rescue boats	SI-1131-21	10.09.2021	10.08.2026	Azerbaijan
Safety familiarization training, personal survival techniques, fire prevention and fire fighting, elementary first aid, personal safety and social responsibilities	SO-2492-21	22.09.2021	22.09.2026	Azerbaijan
Ship Security-related familiarization security-awareness training	SL-1610-21	20.09.2021	10.09.2026	Azerbaijan
Maltese Endorsement of SSO				
ISM Code	SP-1737-21	20.09.2021	07.09.2026	Azerbaijan
Training of seafarers with designated security duties	SH-0854-21	14.09.2021	13.08.2026	Azerbaijan

8. Physical Data	
Height	176
Weight	60
Colour of Hair	black
Colour of Eyes	brown
Boilersuit Size	39
Shoes Size	40

9. Medical History	Yes	No
Have you ever signed off a ship due to medical reasons?		
Did you undergo any medical operation in the past?		
Have you consulted a doctor during the last 12 months for an		
illness/accident?		
Do you have any health or disability problems now?		

If yes, please give full details:		

	Passed:	Valid till:
International Medical Examination		
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

10. References (please give name and address of your current or past employer)	Office remarks
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Name of Company			
Name of person to contact			
Address			
Phone			
Name of Company			
Name of person to contact			
Address			
Phone			
11. Bank address for allotme	ents		
Beneficiary			
Account No.			
Name of Bank			
Bank Address			
12. Knowledge and experien	ce	Yes	No
OCIMF vetting experience:			
ISGOT knowledge:			
	above, including Medical Hist		
Place	Date	Signature	
L			
14. For Office use only			
14. For Office use only			

## 15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank		From d/m/y	То	d/m/y	Total m/d
EVGENIA Z	PALAU	CARGO	3994			CUNDA DENIZCILIK LTD	ABLE DESK	22.0	8.2022	28.0	3.2023	
Intersea Traveles	PALAU	Container	38000			Trust Marine Management	AB	19.0	7.2023	17.1	1.2023	
M/V Antali	Barbados	CARGO	2046			Vasto Marine	AB/ Bossr	nan	05.07.2	024	04.03.2	025

## **Total rank sea service:**

## Total type of vessel sea service:

Rank	Years	Type of vessel Years
Total		